



PATENT
ATTORNEY DOCKET NO. 60188-141

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Tetsuro YOSHIMOTO, et al.

Serial No.: 10/030,252

Group Art Unit: 2876

Filed: January 9, 2002

Examiner: K. KOYAMA

For: IC CARD

AMENDMENT TRANSMITTAL

Hon. Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

1. ☒ Transmitted herewith is an amendment for the above-identified application.

STATUS

2. ☒ Applicant is ☐ is small entity - verified statement:
☐ attached ☐ already filed.
☒ other than a small entity.

EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. §1.136 apply.

- (a) ☒ Applicant petitions for an extension of time for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input checked="" type="checkbox"/> one month	\$ 55.00	\$ 110.00
<input type="checkbox"/> two months	205.00	410.00
<input type="checkbox"/> three months	465.00	930.00
<input type="checkbox"/> four months	725.00	1,450.00

Fee \$ 110.00

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for ☐ months has already been secured and the fee paid therefor of ☐ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this Request \$

- (b) ☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition for extension of time.

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4. X The fee for claims has been calculated as shown below:

	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total	:	:	:	:	:
Claims	: 8	: 20	: 0	: x \$ 18.00 =	: 0.00
Independent	:	:	:	:	:
Claims	: 1	: 3	: 0	: x \$ 84.00 =	: 0.00
Multiple Dependent Claims (first presentation)				: \$280.00 =	: 0.00
Total				=	: 0.00
Reduction by 1/2 for small entity				:	: - 0
TOTAL FEE				:	: \$ 0.00

- (a) X No additional fee for claims is required.

-OR-

- (b) The total additional fee for claims required \$.

FEE PAYMENT

5. Attached is a check in the amount of \$.

- X Charge Deposit Account No. 50-0417 the amount of \$ 110.00. A duplicate copy of this Transmittal is enclosed for accounting purposes.

FEE DEFICIENCY

- X If any additional extension and/or fee is required, this is the request therefor and to charge Deposit Account No. 50-0417.

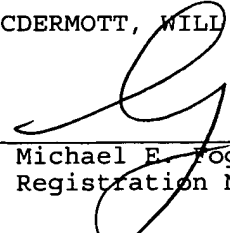
AND/OR

- X If any additional fee for claims is required, charge Deposit Account No. 50-0417. A duplicate copy of this Transmittal is enclosed for accounting purposes.

Respectfully submitted,

MCDERMOTT, WILL & EMERY

Date: 5/30/03

By: 
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